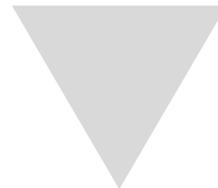
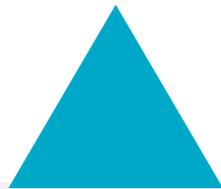


HEALTH WEALTH CAREER

# PCMH+ YEAR 1 QUALITY MEASURE RESULTS

PARTICIPATING ENTITIES WALK-THROUGH

November 1, 2018

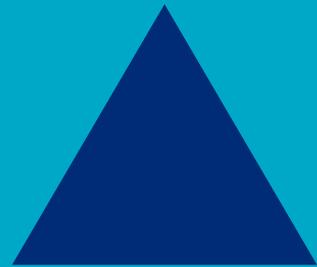


# YEAR 1 QUALITY RESULTS

## PARTICIPATING ENTITY FEEDBACK PROCESS

- Participating Entity-specific questions will not be answered here, only general quality measure questions will be addressed. Any PE-specific questions can be sent to DSS in writing.
  - Participating Entity responses will be collected by DSS until November 9.
  - Participating Entities may share formal responses to the webinar or quality measure results. Formal responses may be shared with legislative oversight committees or posted on the PCMH+ website.
  - All PE questions and responses should be emailed to Nicole Godburn at [nicole.godburn@ct.gov](mailto:nicole.godburn@ct.gov)
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# QUALITY MEASURE SCORING



# QUALITY MEASURE SCORING

## SCORED QUALITY MEASURES

Scoring Measures
Adolescent well-care visits
Avoidance of antibiotic treatment in adults with acute bronchitis
Developmental screening in the first three years of life
Diabetes HbA1c Screening
Emergency Department (ED) Usage
Medication management for people with asthma
PCMH CAHPS
Prenatal care and Postpartum care
Well-child visits in the first 15 months of life
Challenge Measures
Behavioral Health Screening 1–17
Metabolic Monitoring for Children and Adolescents on Antipsychotics
Readmissions within 30 Days
Post-Hospital Admission Follow up

# QUALITY MEASURE SCORING

## COMPONENT #1: MAINTAIN QUALITY

For each quality measure, a Participating Entity (PE) will be rewarded if its 2017 quality score is greater than or equal to its 2016 score.

Example: Quality Measure #1	
Participating Entity's 2016 Score	75.00%
Participating Entity's 2017 Score	78.00%
Points Possible	1.00
Points Awarded	1.00

# QUALITY MEASURE SCORING

## COMPONENT #2: IMPROVE QUALITY SLIDING SCALE

For each quality measure, a Participating Entity will be rewarded for its year-over-year improvement trend on a sliding scale compared to the comparison group improvement trend.

Improvement above the comparison group trend	Points Awarded
Less than or equal to comparison group trend	0.00
Between 100% and 132%	0.25
Between 133% and 166%	0.50
Between 167% and 199%	0.75
200% or greater	1.00

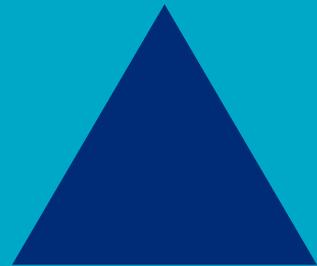
# QUALITY MEASURE SCORING

## COMPONENT #3: ABSOLUTE QUALITY SLIDING SCALE

Absolute quality percentiles are derived from 2015 quality measure data for the Comparison Group used for Wave 1.

Absolute Quality Percentile	Points Awarded
49.99 % or less	0.00
Between 50.00% and 59.99%	0.25
Between 60.00% and 69.99%	0.50
Between 70.00% and 79.99%	0.75
80.00% or greater	1.00

# PE QUALITY MEASURE PACKAGE

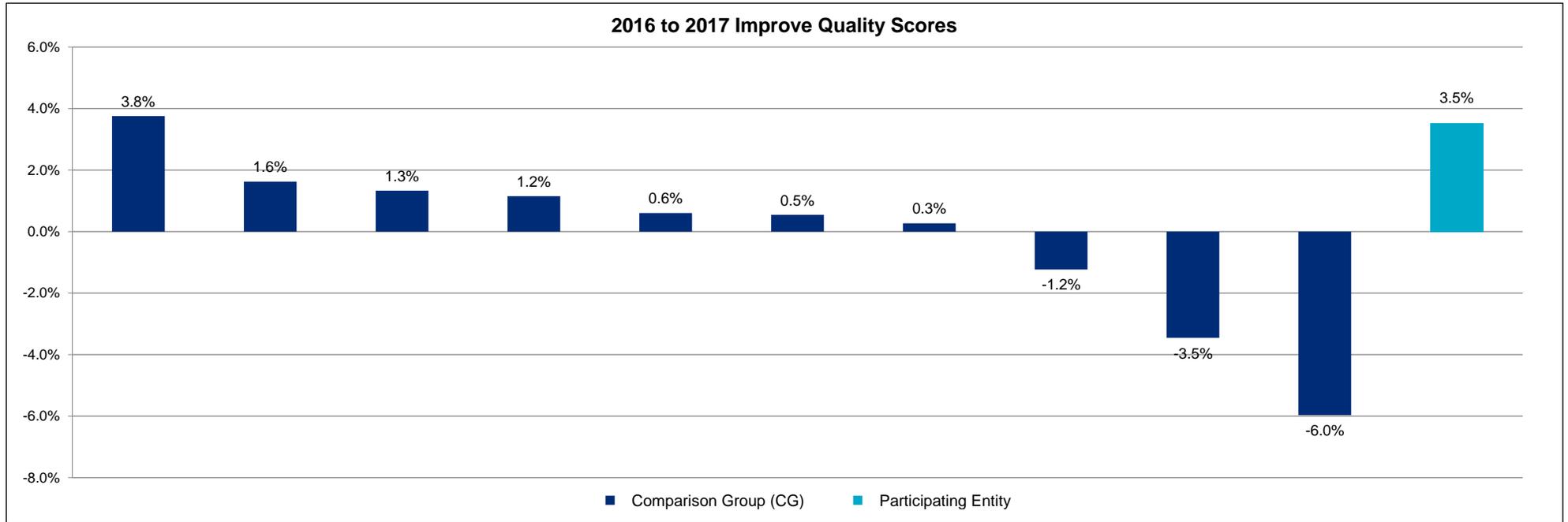


PCMH+ Quality Measure	Participating Entity Name Aggregate Quality Score				
	Maintain Quality	Improve Quality	Absolute Quality	Total Quality Score	Total Possible Points
Adolescent well-care visits	1.00	0.50	0.25	1.75	3.00
Avoidance of antibiotic treatment in adults with acute bronchitis	1.00	1.00	0.75	2.75	3.00
Developmental screening in the first three years of life	0.00	0.00	0.50	0.50	3.00
Diabetes HbA1c Screening	1.00	0.75	0.75	2.50	3.00
Emergency Department (ED) Usage	1.00	0.50	1.00	2.50	3.00
Medication management for people with asthma	0.00	0.00	0.25	0.25	3.00
PCMH CAHPS	1.00	0.25	0.50	1.75	3.00
Prenatal Care	0.500	0.500	0.375	1.375	1.500
Postpartum Care	0.500	0.125	0.250	0.875	1.500
Well-child visits in the first 15 months of life	1.00	0.25	0.75	2.00	3.00
Total Points				16.25	27.00
<b>Aggregate Quality Score (Total Quality Score/Total Possible Points)</b>					<b>60.19%</b>

## Notes:

1. Maintain Quality points are awarded if a PE's 2017 rate is greater than or equal to its 2016 rate.
2. Improve Quality points are awarded for a PE's 2017 over 2016 improvement trend on a sliding scale compared to the comparison group improvement trend.
3. Absolute Quality points are awarded for a PE's ability to reach absolute quality targets, which are derived from the comparison group's 2015 rates.
4. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
5. Both Prenatal and Postpartum Care are scored separately and are weighted equally at 1.500 total possible points.
6. Aggregate Quality Scores are not final, as 2017 PCMH CAHPS scores are still being processed. Points for PCMH CAHPS are not included in this summary.

**Diabetes HbA1c Screening**  
Participating Entity Name



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	-0.13%
Between 133% and 166%	0.50	-0.10%
Between 167% and 199%	0.75	-0.08%
200% or greater	1.00	-0.07%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	89.3%
60th Percentile	0.50	90.5%
70th Percentile	0.75	91.3%
80th Percentile	1.00	92.7%

Participating Entity Name		
2016 Rate	2017 Rate	Improvement
85.0%	88.0%	3.5%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	1.00	1.00
Improve Quality	1.00	1.00
Absolute Quality	-	1.00
<b>Total Points</b>	<b>2.00</b>	<b>3.00</b>

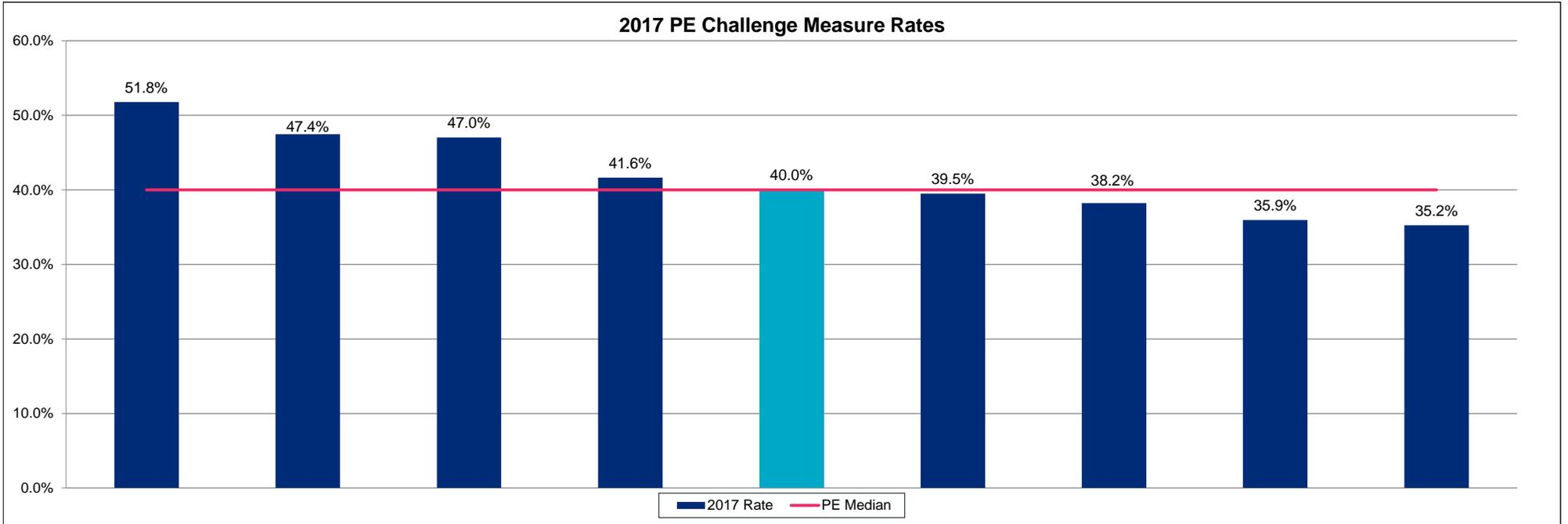
Rate Calculation Considerations
Not Applicable

**Quality Measure Description**

Adults age 18–75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
  2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
  3. DNQ (Does Not Quality) values occur when a denominator count is less than 30.
  4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
  5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

**Post-hospital admission follow up**  
Participating Entity Name



Participating Entities 2017 Rate									All Participating Entity 2017 Median	Participating Entity Name 2017 Rate	
51.8%	47.4%	47.0%	41.6%	40.0%	39.5%	38.2%	35.9%	35.2%	40.0%	40.0%	
										<b>Challenge Point Awarded</b>	<b>1</b>

**Rate Calculation Considerations**

Not Applicable

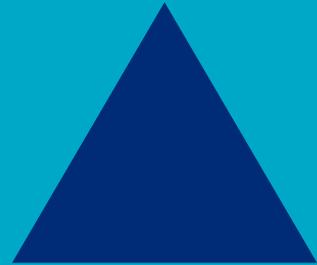
**Quality Measure Description**

Percentage of adults age 21–75 with an inpatient “medical” or psych admission with a claim for post-admission follow-up with a physician, Physician Assistant, or advanced practice registered nurse within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery related.

**Notes:**

1. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
2. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
3. A challenge point is awarded if a Participating Entity's 2017 rate is equal to or greater than the median of all Participating Entities 2017 rate of the given measure.
4. Hybrid HEDIS measures are evaluated using only administrative data and do not include medical record abstraction.

# 2017 PE QUALITY MEASURE RESULTS

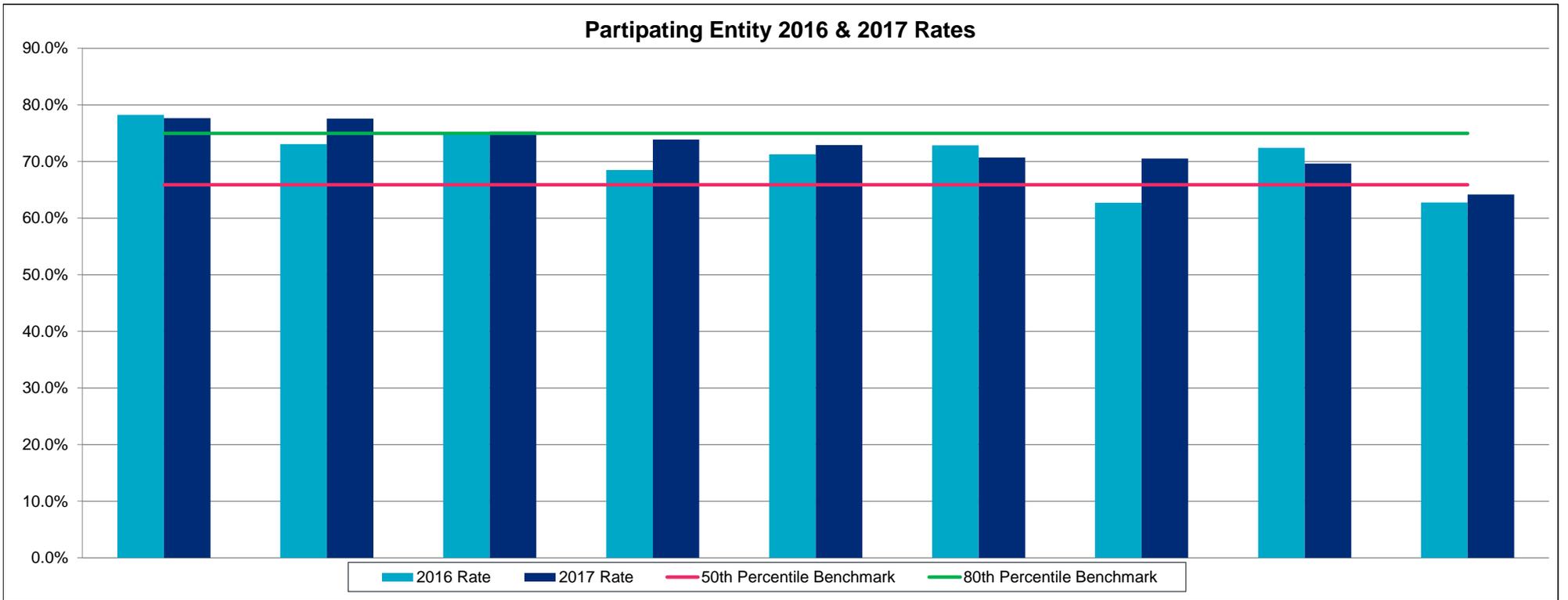


# YEAR 1 QUALITY RESULTS

## FOOTNOTES

1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
  2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
  3. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
  4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
  5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.
-

**Adolescent well-care visits**



Year	Adolescent well-care visits Participating Entity Rates								
2016	78.2%	73.1%	75.2%	68.5%	71.3%	72.9%	62.7%	72.4%	62.8%
2017	77.7%	77.6%	75.3%	73.9%	72.9%	70.7%	70.5%	69.6%	64.2%

**Rate Calculation Considerations**

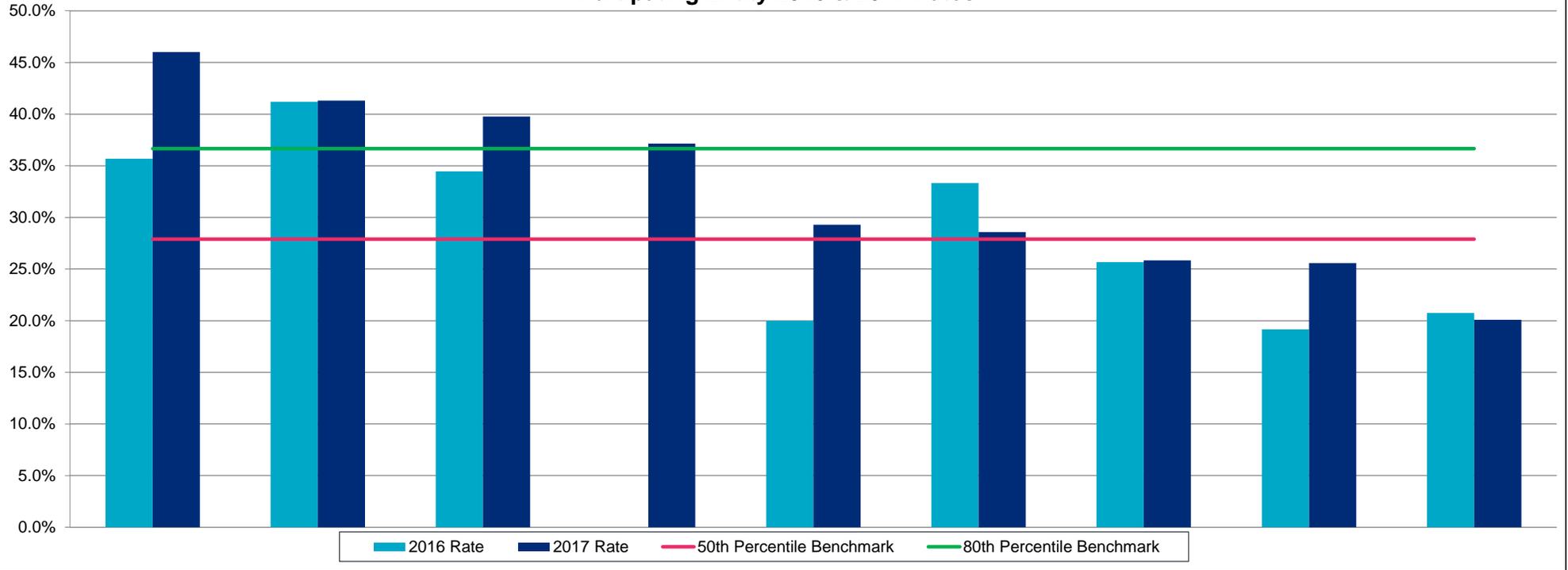
Not Applicable

**Quality Measure Description**

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology practitioner during the measurement year.

**Avoidance of antibiotic treatment in adults with acute bronchitis**

**Participating Entity 2016 & 2017 Rates**



Year	Avoidance of antibiotic treatment in adults with acute bronchitis Participating Entity Rates									
2016	35.7%	41.2%	34.5%	DNQ	20.0%	33.3%	25.7%	19.1%	20.7%	
2017	46.0%	41.3%	39.8%	37.1%	29.3%	28.6%	25.9%	25.6%	20.1%	

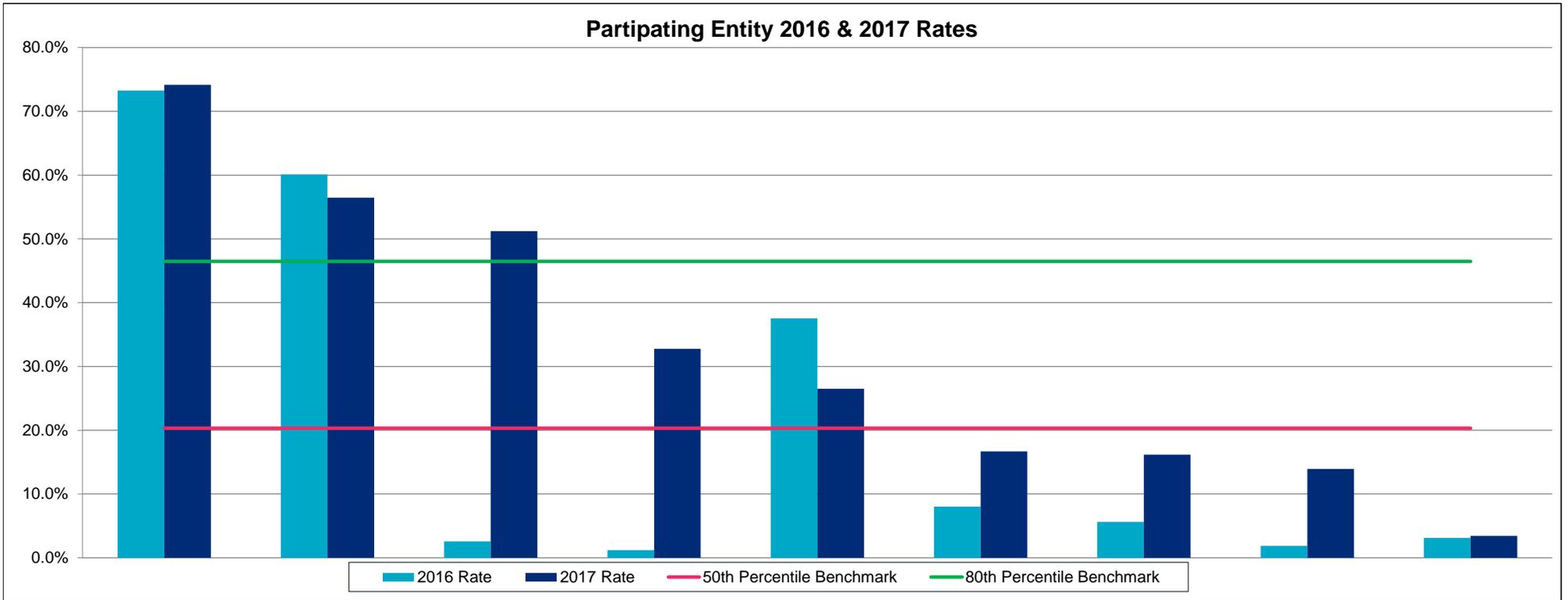
**Rate Calculation Considerations**

The rate is calculated as 1 - (adults with bronchitis that received an antibiotic / adults with bronchitis). A higher rate indicates appropriate treatment.

**Quality Measure Description**

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate care (i.e. the proportion for whom antibiotics were not prescribed).

**Developmental screening in the first three years of life**



Year	Developmental screening in the first three years of life Participating Entity Rates									
2016	73.3%	60.1%	2.6%	1.2%	37.5%	8.0%	5.6%	1.9%	3.1%	
2017	74.1%	56.4%	51.2%	32.8%	26.5%	16.7%	16.1%	13.9%	3.4%	

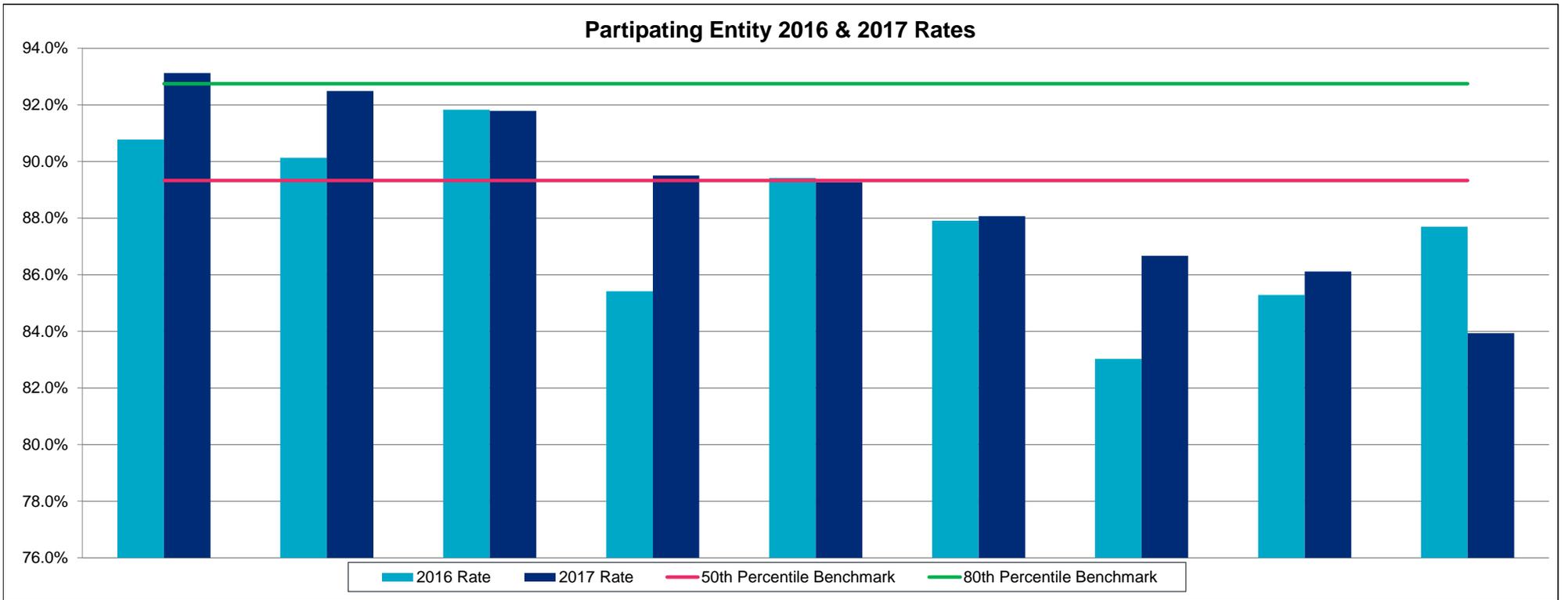
**Rate Calculation Considerations**

Not Applicable

**Quality Measure Description**

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age, and by 36 months of age.

**Diabetes HbA1c Screening**



Year	Diabetes HbA1c Screening Participating Entity Rates									
2016	90.8%	90.1%	91.8%	85.4%	89.4%	87.9%	83.0%	85.3%	87.7%	
2017	93.1%	92.5%	91.8%	89.5%	89.3%	88.1%	86.7%	86.1%	83.9%	

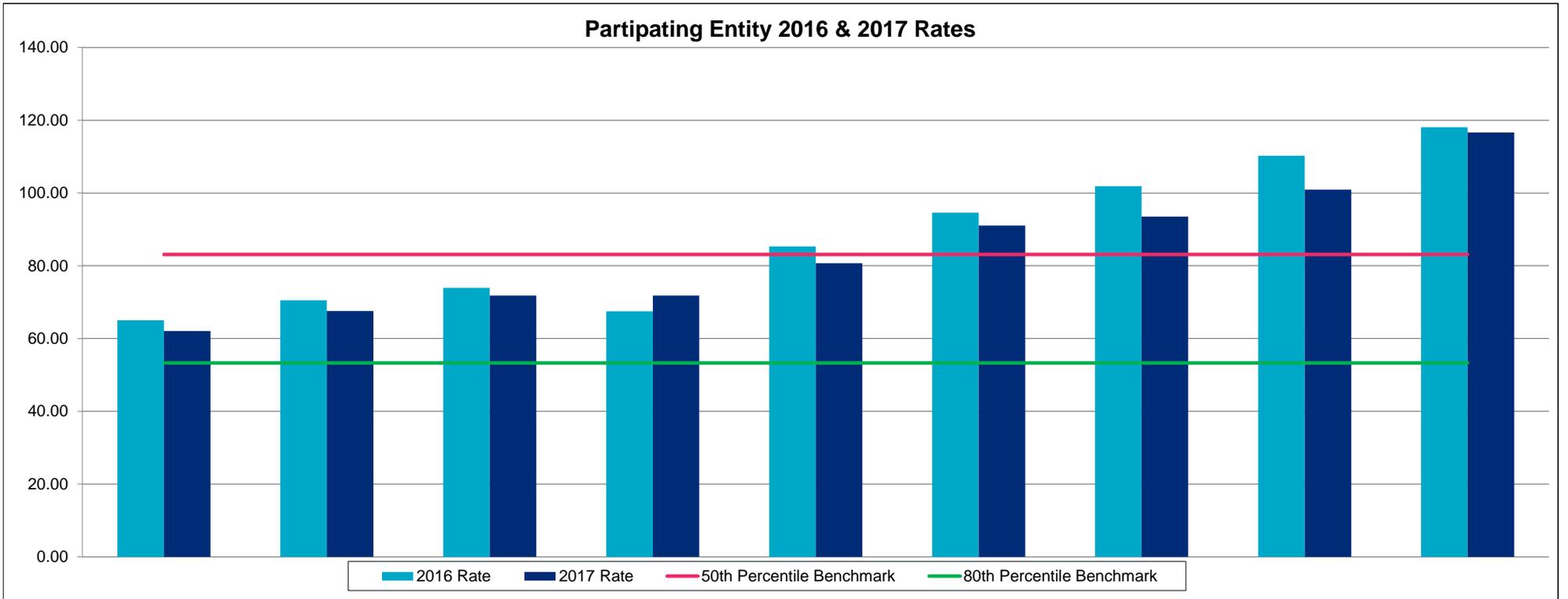
**Rate Calculation Considerations**

Not Applicable

**Quality Measure Description**

Adults age 18–75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.

**Emergency Department (ED) Usage**



Year	Emergency Department (ED) Usage Participating Entity Rates									
2016	65.01	70.51	73.96	67.51	85.31	94.62	101.88	110.26	118.05	
2017	62.06	67.54	71.77	71.79	80.74	91.05	93.51	100.91	116.61	

**Rate Calculation Considerations**

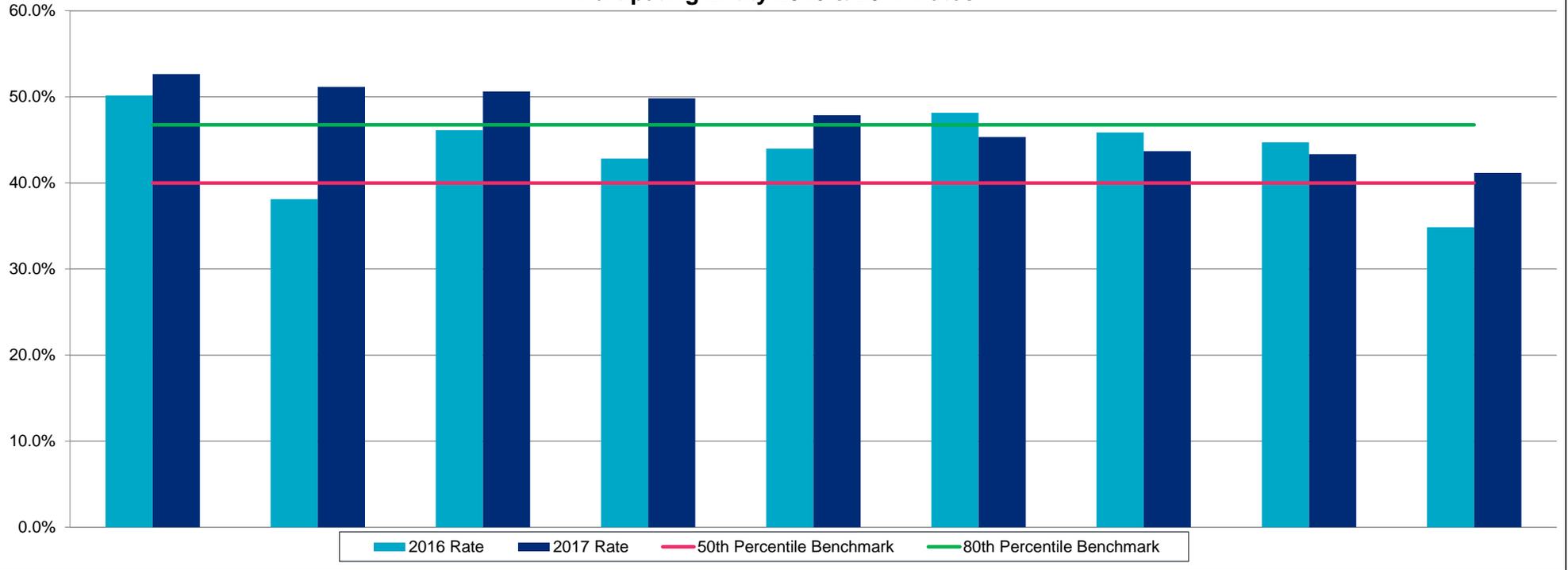
The rate is calculated as (numerator / denominator) \* 1,000 member months. A lower score indicates more appropriate care.

**Quality Measure Description**

Emergency department usage (all ages, but 0–19 can be broken out for pediatric practices). Excludes mental health and chemical dependency services.

**Medication management for people with asthma**

**Participating Entity 2016 & 2017 Rates**



Year	Medication management for people with asthma Participating Entity Rates									
2016	50.2%	38.1%	46.1%	42.9%	44.0%	48.2%	45.9%	44.7%	34.9%	
2017	52.7%	51.2%	50.6%	49.8%	47.9%	45.4%	43.7%	43.4%	41.2%	

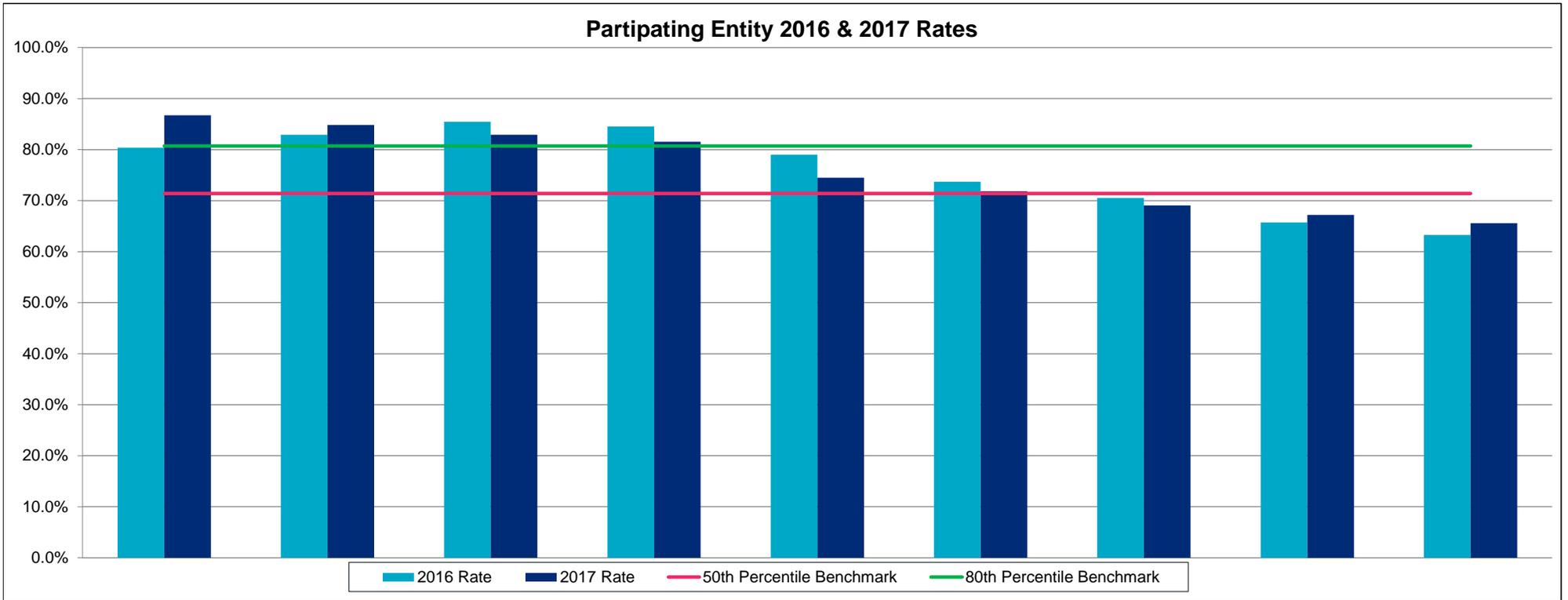
**Rate Calculation Considerations**

Not Applicable

**Quality Measure Description**

Medication Management for people with asthma age 5–64 (age 5–18 breakout can be used for pediatric practices). Percent of patients with persistent asthma who were prescribed and remained on asthma "controller medication" for at least 75% of their treatment period.

**Prenatal Care**



Year	Prenatal Care Participating Entity Rates									
2016	80.4%	82.9%	85.5%	84.5%	79.0%	73.7%	70.5%	65.7%	63.3%	
2017	86.7%	84.8%	82.9%	81.6%	74.5%	71.8%	69.1%	67.2%	65.6%	

**Rate Calculation Considerations**

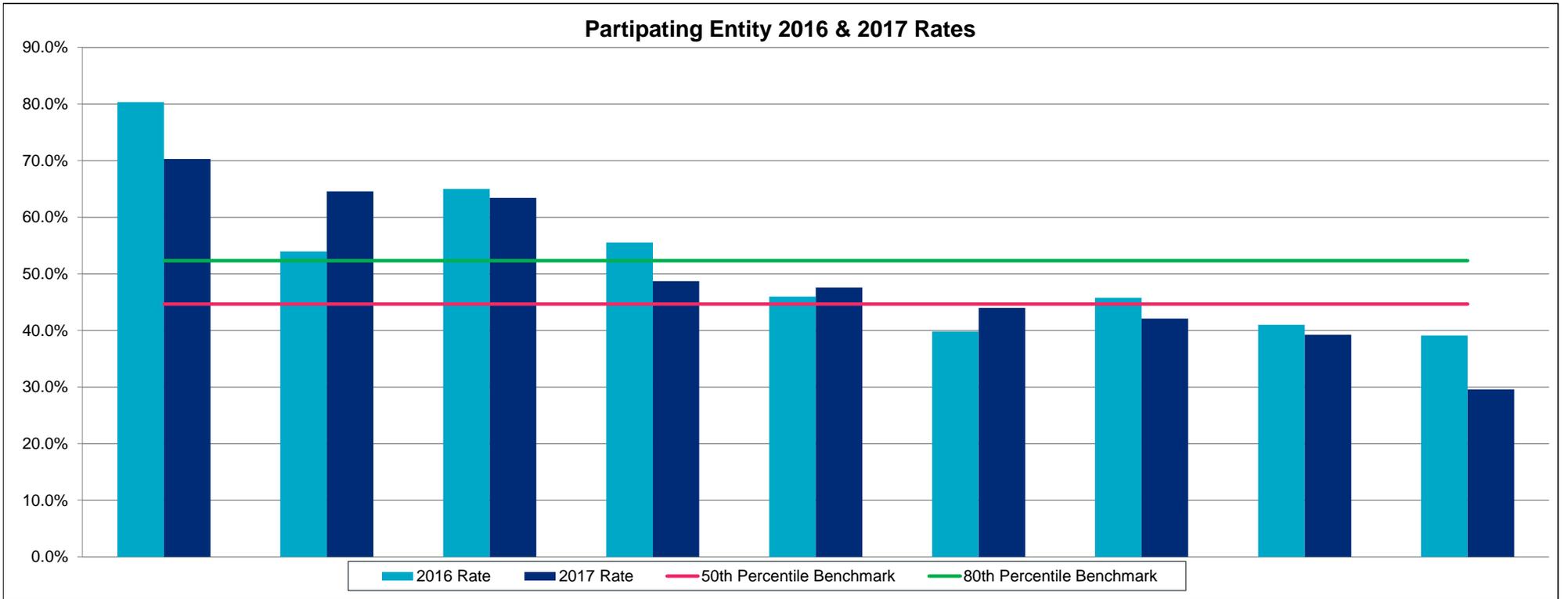
Not Applicable

**Quality Measure Description**

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.

**Postpartum Care**



Year	Postpartum Care Participating Entity Rates									
2016	80.4%	53.9%	65.0%	55.6%	46.0%	39.8%	45.7%	41.0%	39.1%	
2017	70.3%	64.6%	63.4%	48.7%	47.5%	44.0%	42.1%	39.3%	29.6%	

**Rate Calculation Considerations**

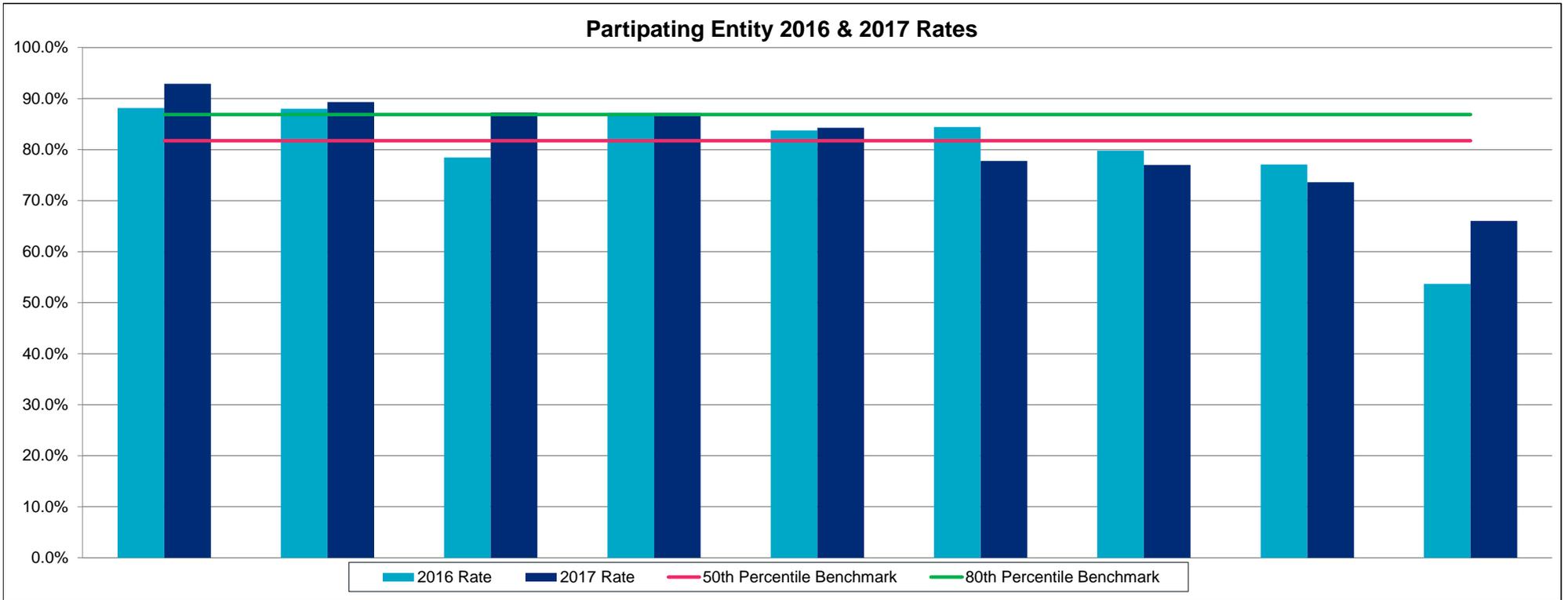
Not Applicable

**Quality Measure Description**

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

**Well-child visits in the first 15 months of life**



Year	Well-child visits in the first 15 months of life Participating Entity Rates									
2016	88.1%	88.0%	78.5%	87.1%	83.7%	84.4%	79.8%	77.1%	53.7%	
2017	92.9%	89.3%	87.3%	87.2%	84.3%	77.8%	77.0%	73.6%	66.0%	

**Rate Calculation Considerations**

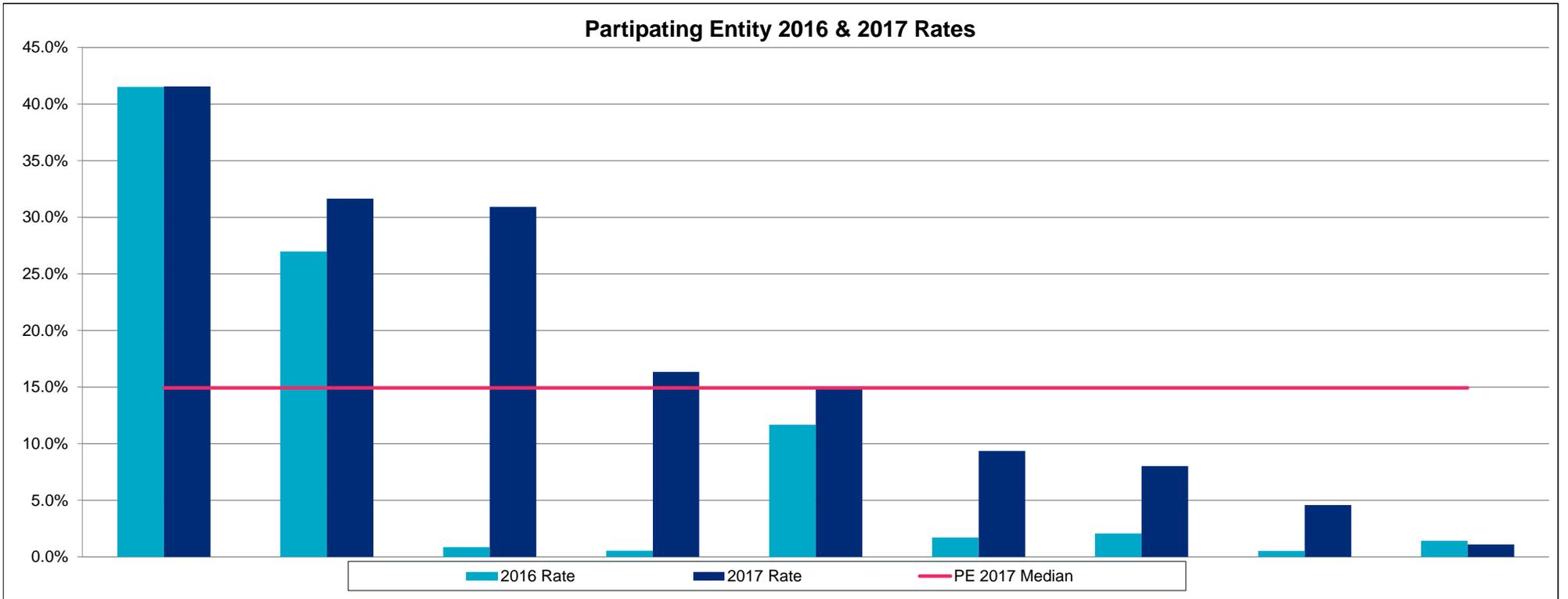
Not Applicable

**Quality Measure Description**

Percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:

- Six or more well-child visits.

**Behavioral health screening 1–17**



Year	Behavioral health screening 1–17 Participating Entity Rates									
2016	41.5%	27.0%	0.8%	0.5%	11.7%	1.7%	2.1%	0.5%	1.4%	1.4%
2017	41.6%	31.6%	30.9%	16.3%	14.9%	9.3%	8.0%	4.6%	1.1%	1.1%

**Rate Calculation Considerations**

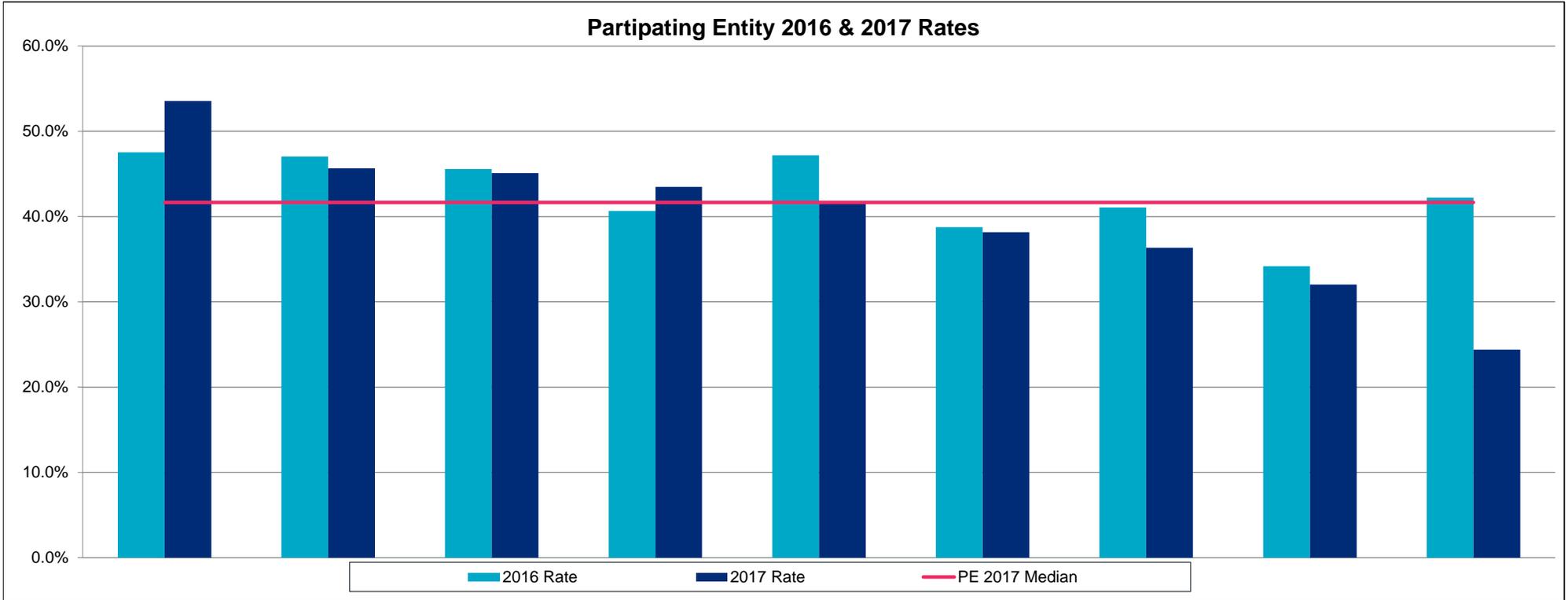
Not Applicable

**Quality Measure Description**

The percentage of children ages 1–17, who were screened for developmental or behavioral problems using a validated survey instrument, approved by the AAP.

**Metabolic monitoring for children and adolescents on antipsychotics**

**Participating Entity 2016 & 2017 Rates**



Year	Metabolic monitoring for children and adolescents on antipsychotics Participating Entity Rates									
2016	47.5%	47.1%	45.6%	40.7%	47.2%	38.8%	41.1%	34.2%	42.2%	
2017	53.6%	45.7%	45.1%	43.5%	41.7%	38.2%	36.4%	32.0%	24.4%	

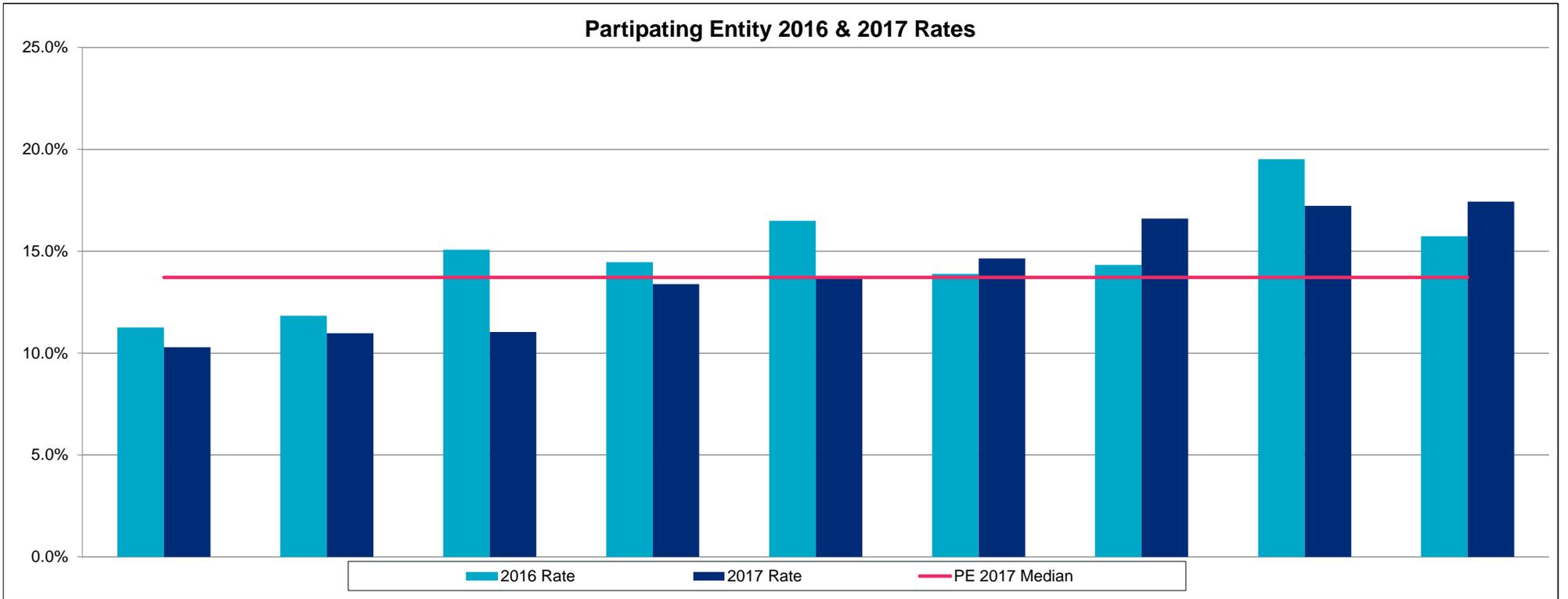
**Rate Calculation Considerations**

Not Applicable

**Quality Measure Description**

Percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

**Readmissions within 30 days**



Year	Readmissions within 30 days Participating Entity Rates									
2016	11.3%	11.8%	15.1%	14.5%	16.5%	13.9%	14.3%	19.5%	15.7%	
2017	10.3%	11.0%	11.0%	13.4%	13.7%	14.7%	16.6%	17.2%	17.4%	

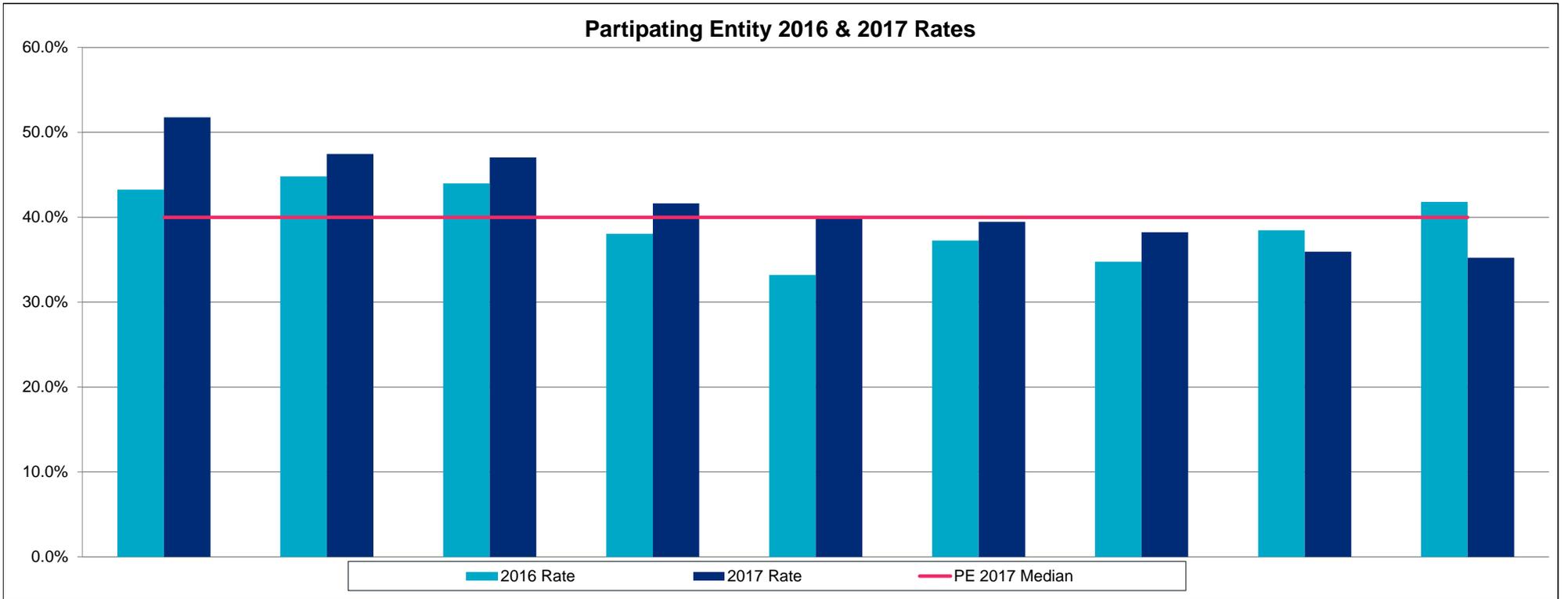
**Rate Calculation Considerations**

A lower score indicates more appropriate care.

**Quality Measure Description**

For Medicaid members age 0 to 64, total readmissions within 30 days after discharge from hospital. This measure is based on AHRQ and CMS approved specifications developed by Medicaid Medical Directors Network (MMDN) for Medicaid patients only. The measure aggregates the results for Physical Health only, Physical Health and Behavioral Health combined, by age, gender, race/ethnicity and by Major Diagnosis Category. It assesses the overall readmission rate by 4 populations: Pediatric OB, Pediatric Non-OB, Adult OB, Adult Non-OB with the age break out of Age Under 1, Age 1-12, Age 13-20, Age 21-44 and Age 45-64. Dual Eligible members are excluded.

**Post-hospital admission follow up**



Year	Post-hospital admission follow up Participating Entity Rates									
2016	43.3%	44.8%	44.0%	38.1%	33.2%	37.3%	34.8%	38.5%	41.8%	
2017	51.8%	47.4%	47.0%	41.6%	40.0%	39.5%	38.2%	35.9%	35.2%	

**Rate Calculation Considerations**

Not Applicable

**Quality Measure Description**

Percentage of adults age 21–75 with an inpatient “medical” or psych admission with a claim for post-admission follow-up with a physician, Physician Assistant, or advanced practice registered nurse within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery related.



**MERCER**

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